

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> KEARNY MESA BRANCH, 8950 CLAIREMONT MESA BLVD., SAN DIEGO, CA 92123-1187, (858) 694-2066 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081-6635 (760), 726-9595 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020-3941, (619) 441-4100 <input type="checkbox"/> RAMONA BRANCH, 1428 MONTECITO RD., RAMONA, CA 92065-5200, (760) 738-2435 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910-5649, (619) 691-4439	FOR COURT USE ONLY
PLAINTIFF(S)	
DEFENDANT(S)	CURRENT TRIAL DATE AND TIME:
REQUEST FOR RESET OR CONTINUANCE OF SMALL CLAIMS TRIAL	CASE NUMBER

IMPORTANT NOTICES	
RESET - The plaintiff requests a RESET of the trial date when the defendant has not been served with the claim. No fee is required. The first request for reset must be filed with the court at least two court days before the trial date and is automatically granted in the clerk's office. Any subsequent reset requests must be made on the new trial date before the bench officer.	
CONTINUANCE – A CONTINUANCE is requested by either the plaintiff <u>or</u> the defendant after service has been effected on the defendant and proof of service has been filed with the court. A written request for the continuance must be filed with the court at least ten calendar days before the trial date and must be accompanied by a \$10.00 fee and proof that a copy of the request was mailed to the opposing party. The court will notify the opposing party of the new trial date by mail. Any requests for continuance received less than ten calendar days before the hearing will be attached to the case file for consideration on the trial date.	
INSTRUCTIONS: Complete Sections I, II, and III below and give this form to the clerk	
Section I: PLAINTIFF'S NAME AND ADDRESS	Section II: DEFENDANT'S NAME AND ADDRESS
_____ _____	_____ _____
_____ _____	_____ _____
<input type="checkbox"/> Additional Plaintiffs listed on the reverse side of form.	<input type="checkbox"/> Additional Defendants listed on the reverse side of form.
Section III: (Check one)	
<input type="checkbox"/> REQUEST FOR RESET: I am the plaintiff in the above action and the defendant(s) has not been served. Please reset my court date. I understand that it is my responsibility to serve the defendant(s) in the manner provided under CCP section 116.340.	
<input type="checkbox"/> REQUEST FOR CONTINUANCE: I am the <input type="checkbox"/> plaintiff <input type="checkbox"/> defendant in the above action and request a continuance of my small claims trial. A copy of this request was <input type="checkbox"/> mailed <input type="checkbox"/> personally delivered to each of the other parties in this case on (date): _____ at the address listed above as required by CCP§116.570(a)(3). I understand that the \$10.00 fee is due now.	
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
_____ Telephone Number	_____ Signature
Section IV: (for court use only) NOTICE OF NEW TRIAL DATE	
The above-named small claims case to which you are a party has been set for a new date of trial as follows:	
Trial Date: _____ at _____ A.M. / P.M. in Department _____.	
The place of trial will be at the court address indicated above.	
CLERK'S CERTIFICATE OF SERVICE BY MAIL (CCP 1013a(4))	
I certify that I am not a party to the above-entitled cause and that I deposited a copy of the foregoing in the United States mail with postage prepaid at _____ California, in a sealed envelope addressed to the parties shown above on _____.	
CLERK OF THE SUPERIOR COURT	
by _____, Deputy	

ADDITIONAL PARTIES:

Section I: PLAINTIFF'S NAME AND ADDRESS	Section II: DEFENDANT'S NAME AND ADDRESS

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